

PART B - FEE(S) TRANSMITTAL

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25764 7590 09/22/2006

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Jennifer Barnes

(Depositor's name)

Jennifer Barnes

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/668,460	09/23/2003	Clinton A. Alferness	59013-331610	2373

TITLE OF INVENTION: CARDIAC REINFORCEMENT DEVICE

12/12/2006 CNGUYEN1 00000051 10668468

01 FC:2501
02 FC:1504700.00 OP
300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	12/22/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
GETZOW, SCOTT M	3762	600-037000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1 Faegre & Benson LLP

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Acorn Cardiovascular, Inc., St. Paul, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

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12/12/06

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Brian Oberst

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52,079

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FROM: Brian W. Oberst

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DATE: December 12, 2006

TIME: _____.m. (Minneapolis)

NUMBER OF PAGES (including this page):

F&B FILE: 331610
REC: 6079

TO: MAIL STOP ISSUE FEE

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U.S. Patent & Trademark Office

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MESSAGE**Inventor(s):** Clifton A. Alferness**Examiner:** GETZOW, Scott M**Appln. No.:** 10/668,460**Group Art Unit:** 3736**Filing Date:** September 23, 2003**Confirmation No.:** 2373**Title:** CARDIAC REINFORCEMENT
DEVICE**Customer No.:** 25764**Docket No.:** 59013 - 331610

Attached for filing in the above-referenced patent application:

1. Part B -Fee(s) Transmittal
2. Credit Card Authorization Form in the total amount of \$1,000.00 for the Issue Fee of \$700.00;
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